		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED		
		- CONTEX AD	DRESS, CITY, 8	STATE, ZIP CODE		
100000000000000000000000000000000000000	ROVIDER OR SUPPLIEF	111 S CH	JRCH STRE	ET		
NUNTER 1			VILLE, NC	PRODUCER'S DEAN OF C	ORRECTION	(245)
(X4) ID PREFIX TAG	AND A PARK PROPERTY AND	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	DATE
C 000	Initial Comments		C 000			
		a Biennial Construction Survey		CONST	RUCTION SECTION	IN
1	done by Bob Get 20, 2014.	chell and Ed Miller on November			IAN 0 9 2015	
**	This Souliby was	first Ilcensed or submitted for		RI	ECEIVED	1
	Sixty-Eight (68) Residents, Therefore the facility must meet the 1992 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1981 North Carolina State Building Code (1993 Revision), Section 409.1				72 G	
15.0	11.000000000000000000000000000000000000	ained Occupancy. e noted which will require a new n.			超	
C 133	Bathrooms-Han	d Grips	C 133	Dis well be	done by	
	SECTION .0300 - PHYSICAL PLANT			Part's Plum	oing and	
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet			Part's Plum Completed &	rd 1-5-12		
	(6) Hand grips : commodes, tub accessible to re	shall be installed at all s and showers used by or sidents;		+		
	Based on obser maintained in a is missing at the residents not at	t met as evidenced by: vation, the building was not safe manner because a grab ba tub. This would effect all le to use the grab bar by to failing hazards.	r		50 (4)	
	Findings on 11/		,		*	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (C2) MULTIPLE CONSTRUCTION (X9) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL060014 11/20/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 8 CHURCH STREET HUNTER VILLAGE **HUNTERSVILLE, NC 28070** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY C 189 Continued From page 1 C 189 C 189 Building Equipment Maintained Safe, Operating C 189 estems A,B,C,D well be completed by in house maintaine 12-31-14 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, man and completed mechanical, and plumbling equipment in an adult by 12-31-14 care home shall be maintained in a safe and operating condition. atoms E. F were completed by (k) This Rule shall apply to new and existing 12-10-14 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. Simplex Grances on This Rule is not met as evidenced by: 12/10/14. Based on observation, the facility is not maintained in a safe condition because the fire resistance rating of building components is not being maintained. This would effect all residents if smoke and fire is not contained in the room or smoke compartment of origin. Findings on 11/20/2014: a. The attic smoke barrier wall over the kitchen was penetrated by an open sleeve containing a sprinkler pipe that has no sealant inside. b. In the center section some of the smoke barrier walls have unprotected penetrations. c. One of the fire rated access doors was left 4 ... open in the attic. d. The ceiling of the water heater room off the pentry has unprotected penetrations by pipe. e. A1/A3 shared bath has a HVAC escutcheon. coming loose from the ceiling. The dining room ceiling has a gap next to the heat detector.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (C2) MULTIPLE CONSTRUCTION OCT DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B, WING HALD60014 11/20/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 111 8 CHURCH STREET HUNTER VILLAGE HUNTERSVILLE, NC 28070 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY C 189 Continued From page 2 C 189 Stems G, H, I, J, , 12-31-14 g. The business office celling off private dining m, N were buted has a penetration sealed with an unapproved by an house sealant. maintance man h. In the chamical closet the sprinkler wee be completed escutcheon has alid down revealing an opening to the attic py 12-31-14 Hom Bedroom D-1 has an unprotected opening in the gypsum celling where a leak has damaged it, K will be done 1-12-15 by Wade door B Hall Linen Room ceiling has a sprinkler escutcheon with a gap next to it, and completed by k. Room D10 has a gap over the door. The heat detector in the ceiling of storage room at B7 is coming loose from the ceiling and Stam L, M. N has a gap to the attic. was completed by 13-10-14 12/10/14 b The kitchen ceilling has unprotected penetrations by Ansul piping Simplex Crimoso n. Room A7 ceiling has a gap at the heat detector where it is coming loose. These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814. 2. Based on observation, the facility doors were not maintained in a safe manner by having doors that did not close completely in order to contain smoke and fire. This could affect all residents and staff if smoke and fire is not contained in the fire compartment or room of origin. Findings on 11/20/2014:

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OC) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BULDING: 01 COMPLETED B. WING HAL080014 11/20/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 S CHURCH STREET HUNTER VILLAGE HUNTERSVILLE, NC 28070 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID COMPLETE DATE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY C 189 Continued From page 3 C 189 a) a were corrected B and repursel by in house moutance on a. The back leaf of the dining room corridor doors was being held open by a chair. 15-19-11 b. Room B8 has a loose door knob Based on observation, the building plumbing equipment was not maintained in a safe manner 12/12/14 by not providing vacuum breakers. This could effect all residents if waste water was siphoned into the potable water system. 3) The week be repaired by Part's flumbing and completel by 1-16-15 Findings on 11/20/2014: 1-16-15 The spray hose on the Beauty Shop sink can be immersed below the flood level in the sink and has no vacuum breaker. 4. Based on observation and record review, the building fire protection equipment was not 4 a - This was maintained in a safe manner. This would effect 18-29-14 all residents if the equipment did not detect completed by smoke and activate the fire alarm. in house maintance on 12/29/14 Findings on 11/20/2014: a. The sample tubes for the HVAC duct mounted Determs B/c were smoke detectors were dirty in the HVAC unit over Nursee Station. done by Sumpleso Grunnellan 121 23 H S-53-16 b. The annual fire alarm report indicated there was a failure in the duct smoke detectors. c. The annual fire sprinkler report indicated guages need to be recalibrated and/or replaced. Ensure this work is completed to keep the system operable. Based on observation, the building electrical equipment was not maintained in a safe manner. This would effect all residents by exposing them to electrical hazards.

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (C2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL080014 11/20/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 S CHURCH STREET HUNTER VILLAGE **HUNTERSVILLE, NC 28070** (X4) ID **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 189 Continued From page 4 C 189 Dean 5 A - we have 12/12/4 on I pour suige Findings on 11/20/2014: a. Room B7 has an expansion block in use Cercl and now we b. The Mens Visitor Bathroom GFCI has no power a cercls. The exterior GFCI at the smoking area is Drams missing the weatherproof cover Brue Sky on 12/19/19 d. The exterior GFCI outlet at vending is missing. the weatherproof cover. The exterior outlet between the vending machines has the conduit pulled out and may not be GFCI protected. C 195 C 195 Hot Water System These were recharded and adjusted by in house mountaine SECTION .0300 - PHYSICAL PLANT 10A NGAC 13F .0311 OTHER 12/12/14 REQUIREMENTS man and are New (d) The hot water system shall be of such size to provide an adequate supply of hot water to the in compliance. He kitchen, bathrooms, laundry, housekeeping moneter in monthly closets and soil utility room. The hot water temperature at all flutures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the building plumbing equipment was not maintained in accordance with the Rules. This would effect all residents if hot water is not provided per the Rule.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OC) MULTIPLE CONSTRUCTION (X3) DATE BURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL060014 B. WING 11/20/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 S CHURCH STREET **HUNTER VILLAGE HUNTERSVILLE, NC 28070 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (XS) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD SE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 196 Continued From page 5 C 195 Findings on 11/20/2014: The hot water tested at 98 degrees F. Here items were repeated and fain 12/19/14
Was added to Dum
B by Bluesky
Electric on 12/19/14 C 199 Exhaust Ventilation C 199 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities ilcensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage: (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. Findings on 11/20/2014: The exhaust fans were not working in the following locations: a. C2/C4 shared bath fan is not working. b. B Hall Janitors Closet has no exhaust fan,

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SIMPLEXBRINNELL LP

CUSTOMER ACCEPTANCE

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Service Request Farm

Temperature must be between 100" and 116"	Sink Temp	Shower Temp	Tub Temp
A-1/A-3 Half Bath	104		
A-5 Half Bath	103		
A-7/A-9 Half Bath	110		
A-8/A-10 Half Bath	109		
A-6 Half Bath	111		
A-4/A-2 Half Bath	106		
Lounge	107		
A-Hall Shower Room	103	109	
B-1/B-3 Half Bath	105		
B-5 Full Bath	108	111	
B-7 Full Bath	108	112	
B-8 Full Bath	109	106	
B-6 Full Bath	103	109	
B-4 Full Bath	164	101	
B-2 Full Beth	10	mg	
B-Hall ShowerRoom	103	iro	106
C-Hall Shower Room	102	109	111.
C-1 Full Bath	111	109	
C-3 Full Bath	167	107	
C-5 Full Bath	104	108	
C-7 Full Bath	102	110	
C-8 Full Bath	105	108	
C-6 Full Bath	107	109	
C-2/C-4 Half Beth	110		
Ladies Half Bath	115		
Mens Half Bath	108		
D-1/D-3 Half Bath	110		
D-5 Helf Bath	109		
D-7/D-9 Half Bath	112		
D-10/D-8 Half Bath	1/3		
D-6 Half Bath	105		
D-4/D-2 Half Bath	109		

Fridge temperature - 36° to 46°

Freezer temperature - 32° or below

Staff Fridge Temp	38
Med Room Fridge Temp	40
Kitchen Freezer Temp	-10
Small Fridge Temp	39
Large Fridge Temp	41

All kitchen sink	tempera
All kitchen sink must be 140°	142

- Journal Markell Administrator

Date 12-9-14 Time_____

Temperature must be between 100° and 118°	Sink Temp	Shower Temp	Tub Temp
A-1/A-3 Half Bath	104		
A-5 Half Bath	108		
A-7/A-9 Half Bath	110		
A-8/A-10 Half Bath	103		
A-6 Half Beth	107		
A-4/A-2 Half Bath	102		
Lounge	110		
A-Hall Shower Room	111	108	
B-1/B-3 Half Bath	10%		
_ B-5 Full Bath	106	104	
B-7 Full Bath	110	111	
-B-8 Full Bath	-105	106	
B-6 Full Bath	107	104	
B-4 Full Bath	110	111	
B-2 Full Bath	109	103	
B-Hall ShowerRoom	105	106	107
C-Hall Shower Room	103	102	110
C-1 Full Beth	108	110	
C-3 Full Bath	111	112	
C-5 Full Bath	104	105	
C-7 Full Bath	105	108	
C-8 Full Beth	111	113	
C-6 Full Bath	105	103	
C-2/C-4 Half Bath	108		
Ladies Half Bath	106		
Mens Half Bath	102		
D-1/D-3 Half Bath	109		
D-5 Half Bath	110		
D-7/D-9 Half Bath	117 .		
D-10/D-8 Half Bath	106	Marketta -	
D-6 Half Bath	108		
D-4/D-2 Half Bath	111		

Fridge temperature - 36° to 46°

Freezer temperature - 32° or below

Staff Fridge Temp	38
Med Room Fridge Temp	40
Kitchen Freezer Temp	-0
Small Fridge Temp	4/
Large Fridge Temp	37

All kitchen sink to must be 140°

Staff

Janus Mahall

Administrator_

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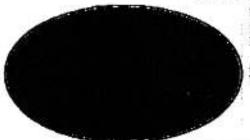
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BLU-SKY HVAC Services, Inc.



BLU-SKY HVAC Services, Inc. P.O. Box 4507 Mooresville, NC 28117

(704)799-9963 Nathan@bluskyhvac.com

Invoice

12/18/2014	8154
	THE TEXT
COD	01/01/2015

Hunter Village PO Box 686 111 S. Church St. Huntersville, NC 28078

\$2,370.00	

Please detach sop portion and return with your payment

12/18/2014 Job included replacing one exhaust fan serving a resident bathroom.

adding an exhaust fan and duet work serving the mechanical room.

replacing two outdoor outlets with GFI outlets and covers, adding a cover to one existing GFI outlet and testing each for proper operations.